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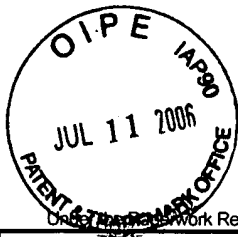
FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	10/564,397
		Filing Date	Jan. 3, 2006
		First Named Inventor	Evans TARACHA
		Examiner Name	Unassigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	Unassigned	
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	41860-227341

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____ - 37 = _____		x _____	= _____		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 12 = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature	<u>Nancy Axelrod</u>	Registration No. (Attorney/Agent)	44,014
Name (Print/Type)	Nancy J. Axelrod	Telephone	(202) 344-4000
		Date	July 11, 2006

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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/564,397
		Filing Date	Jan. 3, 2006
		First Named Inventor	Evans TARACHA
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	24	Attorney Docket Number	41860-227341

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a/b International Search Reports (2)
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Nancy J. Axelrod		
Date	July 11, 2006	Reg. No.	44,014



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Evans TARACHA et al.

Application No.: 10/564,397

Filed: Jan. 3, 2006

For: EAST COAST FEVER VACCINE BASED
ON CTL-SPECIFIC SCHIZANT ANTIGENS

Confirmation No.:

Art Unit: Unassigned

Examiner: Unassigned

Attorney Docket No. 41860-227341

Customer No.

26694

PATENT TRADEMARK OFFICE

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is an Information Disclosure Statement submitted under 37 C.F.R. § 1.97 within the time specified under 37 C.F.R. § 1.97(b).

Documents CA-CQ are cited in the International Search Report for International Application No. PCT/US2004/022605 (the PCT parent application of this application), and in the International Search Report for International Application No. PCT/US2004/030831 (the PCT parent for application S/N 10/573,033, attorney docket no. 41860-229250 (a related application)).

A copy of the two International Search Reports is also enclosed.

The present Information Disclosure Statement is being filed before the mailing date of the first Office Action on the merits, and therefore no Statement Under 37 C.F.R. § 1.97(e) or fee under 37 C.F.R. § 1.17(p) is required.

In view of the above, no further translation or statement of relevance is required, and as all requirements of 37 C.F.R. § 1.97 and all official guide lines pertaining to Information Disclosure Statements have been complied with, it is therefore respectfully requested that the

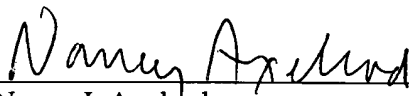
Evans TARACHA et al.
App. No. 109/564,397

Examiner consider the documents and make them of record.

Please charge any necessary fee or credit any overpayment in connection with this
Information Disclosure Statement to Deposit Account No. 22-0261.

Respectfully submitted,

Date: July 11, 2006



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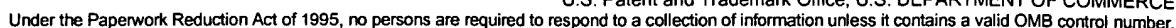
Substitute for form 1449A/B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/564,397
				Filing Date	Jan. 3, 2006
				First Named Inventor	Evans TARACHA
				Art Unit	Unassigned
				Examiner Name	Unassigned
Sheet	2	of	2	Attorney Docket Number	41860-227341

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
	AA	5,273,744	12/28/1993	Musoke et al.	
	AB				
	AC				

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
	BA					
	BB					

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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
	CA	"EST628571 TpMugugaSh01 Theileria parva cDNA clone TPFAN22, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002318733.			
	CB	"EST627619 TpMugugaSh01 Theileria parva cDNA clone TPFAF71, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002330785.			
	CC	"EST627620 TpMugugaSh01 Theileria parva cDNA clone TPFAF71, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002330786.			
	CD	"EST627151 TpMugugaSh01 Theileria parva cDNA clone TPFAC45, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002330787.			
	CE	"EST627152 TpMugugaSh01 Theileria parva cDNA clone TPFAC45, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002330788.			
	CF	"EST629769 TpMugugaSh01 Theileria parva cDNA clone TPFAU35, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002310756.			
	CG	"T.parva heat shock protein 90 (hsp90) mRNA, complete cds.," 02/21/1991, DATABASE EMBL 'Online!', XP002323332.			
	CH	"EST630891 TpMugugaSh01 Theileria parva cDNA clone TPFDB90, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002323333.			
	CI	"Translation initiation factor eIF-1A, putative," 01/03/2003, DATABASE Uniprot 'Online!', XP002323334.			
	CJ	"EST630890 TpMugugaSh01 Theileria parva cDNA clone TPFDB90, mRNA sequence," 01/02/2003, DATABASE EMBL 'Online!', XP002323335.			
	CK	"EST630359 TpMugugaSh01 Theileria parva cDNA clone TPFAY47, mRNA sequence,"			
Examiner Signature				Date Considered	



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¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature		Date Considered	
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